

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135186

1. Entity Name
GENNARO & COMPANY OF SOUTH FLORIDA, INC.



Principal Place of Business
**6574 HYPOLUXO ROAD
LAKE WORTH, FL 33467**

Mailing Address
**6574 HYPOLUXO ROAD
LAKE WORTH, FL 33467**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1433703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASSARA, NIKKI
5650 NW 74TH PLACE
APT 304
COCONUT CREEK, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASSARA, NIKKI
STREET ADDRESS 5650 NW 74TH PLACE APT 304
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE D
NAME GENNARO, JOSEPH
STREET ADDRESS 1120 EUCLID AVENUE APT 15
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME CASSARA, WILLIAM
STREET ADDRESS 9570 OHIO PLACE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D
NAME CASSARA, ANDREW
STREET ADDRESS 14040 FURMAN AVENUE
CITY-ST-ZIP ORLANDO, FL 32826

TITLE S
NAME GENNARO, ANGELO
STREET ADDRESS 730 THIRD STREET
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE V
NAME GENNARO, THOMAS
STREET ADDRESS 730 THIRD STREET
CITY-ST-ZIP MIAMI BEACH, FL 33139

000000423500
02/18/06-80011-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/06 561-964-2284